

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	DECLARATION OF INABILITY TO IDENTIFY/LOCATE FATHER	FILE NO.
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In the matter of _____, adoptee
Full name of child

1. I am the mother of the above named adoptee who was born out of wedlock on _____ at _____
Date

City, county, and state

2. The father of my child:

☐ is _____
Name (type or print)

☐ cannot be identified for the following reasons: _____

3. The father's address or location is not known and cannot be determined. I have made a reasonable attempt to locate him.

State specifically what attempts you made

☐ contacted his family: _____

☐ contacted his friends: _____

☐ visited his last known address: _____

☐ letter to his last known address: _____

☐ other: _____

I declare that this declaration has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Attorney signature

Signature of petitioner

Attorney name (type or print) Bar no.

Name (type or print)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

Do not write below this line - For court use only